24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) PAGE 1 OF 2 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			
ͰKι	EEDOMWORKS FOR AMERICA	C C00499020	
Check if 24-hour report 48-hour report New report Amends report filed on			
	ull Name of Payee Mungo, LLC		Date of Public Distribution/Dissemination
	lailing Address 625 Clay St E		02 / 15 / 2014
"	alling Address 625 Clay St E		Amount
Ci	ity State	Zip Code	5139.00
	Monmouth OR	97361	Transaction ID : SE.4110 Date of Disbursement or Obligation
	urpose of Expenditure E-Simpson-Yard Signs	Category/ Type 004	02 05 7 2014
Na	ame of Federal Candidate	Support	Office Sought: House District: 02
M	MICHAEL SIMPSON	X Oppose	President Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought	5139.00	Disbursement For:
	ull Name of Payee		Date of Public Distribution/Dissemination
_	Mungo, LLC		02 / D D / Y Y Y Y Y Y 15 2014
М	failing Address 625 Clay St E		Amount
С	Sity State	Zip Code	5139.00
N	Monmouth OR	97361	Transaction ID : SE.4111 Date of Disbursement or Obligation
	urpose of Expenditure E-Smith, Bryan-Yard Signs	Category/ Type 004	02 05 7 2014
- 1	lame of Federal Candidate	X Support	Office Sought:
В	BRYAN SMITH	Oppose	President Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought	10278.00	Disbursement For:
(a) SURTOTAL of Itamized Independent Expanditures			
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c)	TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
-	_	ically Filed] Date	02 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		